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Item 2 (b) of the provision agenda*
Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by the international association IUS PRIMI VIRI, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-36377 (E) 120609 160609

Please recycle

Statement*

Sixty years after the adoption of the Universal Declaration of Human Rights and fifty years after the proclamation of the United Nations Decade for Human Rights Education, we still live in a world where destruction and conflict reign supreme and one feels the urgent need to build what can be useful in order to establish a new society that is able to resolve the conflicts which are first harboured in our minds. All human beings and, first of all, those who provide training must clearly understand what the priorities and real values of life are and have the necessary tools to pursue them.

We must overcome the conflicts within human beings, couples, families and societies and among nations. A profound knowledge of the mechanisms that provoke them will give all human beings the capacity to change themselves in order to reject the information that leads to self-destruction and destruction.

To put human rights into practice, we must remove the obstacles that are created in every mind by its defensive, destructive and conservative memories, which suppress the capacity to integrate memories of different cultures with the enormous difficulty of developing in a new way for a single purpose that involves all human beings: its own conscious growth and the recognition of the limits imposed by many cultural memories, in order to bring about the integration of peoples.

Trainers must be instructed in education, health, participating in work, and overcoming all pathological forms resulting from lack of knowledge and, therefore, from growing fears and anxieties, which give rise to progressive stagnation and, consequently, the lack of any possibility to participate in creating states of being that do not repeat the past, but are open to a new world.

The international association IUS PRIMI VIRI, continuing its work of promoting human rights literacy, intends to create for this purpose, within the Mediterranean basin, a cradle of civilization in the past and of conflicts of all kinds today, an NGO network in consultative status with the Economic and Social Council in order to conduct a series of training courses to help establish the conditions for resolving conflicts and peace among peoples within societies and families through new forms of communication. We intend to start with a pilot course to enable human beings to pass from the state of being the objects of chaotic and often destructive information and of the environment around them to the state of being the subjects who choose information in order to build and integrate, not to destroy.

To this end, we shall employ a methodology designed to explain the evolving path of human beings leading from a lack of awareness of human rights to an awareness of them, teach about the changing level of human beings, analyse personal and interpersonal conflicts, conflicts involving couples, families and national societies as well as international conflicts. This shall be done by underscoring the importance of developing the capacity of each human being and of peoples to integrate, through forms of effective communication.

* The present document is being issued without formal editing.

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Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by International Women's Health Coalition, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-35106 (E) 050609

Please recycle

Statement*

The International Women's Health Coalition (IWHC) wishes to draw the attention of the assembled Ministries, Executive Heads of United Nations Agencies, Funds, and Programmes, and other participants in the ECOSOC Annual Ministerial Review to the resolution produced by the 2009 United Nations Commission on Population and Development (CPD). This intergovernmental resolution renews governments' commitment to fully implementing the Programme of Action (PoA) of the 1994 International Commission on Population and Development (ICPD), as well as additional commitments made since. These commitments are central to the achievement of global health goals.

At the heart of the 2009 CPD resolution, and a target under the IADGs, is universal access to sexual and reproductive health and protection of reproductive rights. The 2009 CPD resolution provides a clear and unequivocal roadmap for achieving the internationally-agreed goals (IADGs) and commitments, especially in regard to global public health. Highlights of the 2009 CPD Resolution include:

1) The first strong intergovernmental statement that implementation of the Programme of Action is essential for achievement of the Millennium Development Goals (MDGs), and the first such statement recognizing MDG target 5b (universal access to reproductive health), which states that "full" implementation of the ICPD PoA and key actions for its implementation are "integrally linked to global efforts to achieve the IADGs and MDGs and that these goals are mutually reinforcing".

2) Priority for technical and financial support to prevent and address maternal mortality and morbidity, and for funding of family planning; and

3) The first repetition of the 1999 intergovernmental commitment to take specific measures for access to safe, quality abortion in circumstances where abortion is not against the law, including the statement that "health systems should train and equip health-service providers" to ensure that such abortion is safe and accessible;

4) New commitment to "comprehensive education on sexuality and gender equality," access to male and female condoms, and reproductive health services for adolescents;

5) Assertion of the importance of addressing HIV prevention through comprehensive sexual and reproductive health services, information, and education, particularly for girls, women, and young people because of the disproportionate burden HIV and AIDs places on them; and

6) An unprecedented emphasis on the human rights of women and men in the realm of sexuality.

The world's governments have boldly and collectively reaffirmed the need for global commitment to universal access to sexual and reproductive health and protection of reproductive rights in the 2009 CPD resolution. IWHC urges participants in the ECOSOC Ministerial Review to explicitly reaffirm this resolution in the Ministerial Declaration. In times of economic uncertainty, poor women and

* Issued without formal editing.

their young children suffer most. The 2009 CPD resolution presents a direct and succinct plan of action that, if followed, will help to address the health-related IADGs and ensure every woman's right to a just and healthy life.

To read further analysis and specific language contained in the 2009 resolution, please visit:

http://www.iwhc.org/index.php?option=com_content&task=view&id=3580&Itemid=824

To read the full resolution, please visit:

www.un.org/esa/population/cpd/cpd2009/CPD42_draft_resolution.pdf.

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Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by Organisation mondiale des associations pour l'éducation prenatale, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-35296 (E) 120609

Please recycle

Statement*

Prevention — A Must for Long-term Global Solutions for a Healthy World!

Over the past three decades, science and prenatal and perinatal psychology have shown the long-term effects of the prenatal period on the health, emotional and mental well-being and the creative potential of each individual.

It is during this vital prenatal period (very early childhood) that the foundations of physical, emotional and mental health are established. During this time the child develops the basis of his/her health, emotional sensitivity, as well as intelligence, brain development, creative capacities and the ability to relate to others and the environment. By educating and supporting future parents, we are offering them the chance to participate actively in the health formation of their child.

For the health development of the baby, the mother should eat a healthy varied diet, breathe deeply, have sufficient rest and exercise, and avoid alcohol, smoke, drugs, chemical toxins, stress, violence, dehydration ... all known to have long-term effects on the individual's health.

Emotional development is largely influenced by what the child experiences through her mother's emotional states transmitted through hormones which traverse the placenta reaching the prenatal child and amplifying the state. If the mother avoids prolonged negative (fear and stress) or other painful emotional states whilst encouraging positive harmonious emotions and happiness, the child will receive the happy disposition and acquire «a taste» for happiness. The mother should favour the internal secretion of «love» hormones such as endorphins and oxytocin which are antagonistic with «stress hormones» such as catecholamine and adrenaline. The latter send vital energy to the limbs (fight or flight) leaving less energy available for the healthy overall development of the pre-born. Whilst the mother is secreting «stress hormones» the body naturally lowers the immune response, digestion and absorption are impaired as well as the growth and repair of the cells.

A "no-cost" stress management programme of «endorphin release» should be taught to every family. It is vital to inform, encourage, empower and support a shift in the general awareness of this fundamental process, in keeping with actual scientific discoveries, and make this the basis of health empowerment. The implications on all sectors of society are immense. This economical approach will considerably lower the rate of violence as people will be born feeling safe and nurtured and will naturally seek out the strong hormones of well-being that they will have been bathed in in-utero.

This «preventive approach» would involve all stakeholders and sectors of society.

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Statement submitted by All India Shah Behram Baug Society for Scientific and Educational Research, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-35302 (E) 120609

Please recycle

Statement*

Topic one: Health and Water Purification

For Prevention and eradication of malaria and waterborne diseases the Kazakhstan - Mazdayasnie technology invented by Kazakh Scientist Prof Dr Victor Inyushin and developed in India by our NGO for RURAL AREA WELLS, has been successfully implemented on a trial project on the grounds of Zoroastrian College near Sanjan in India.

This Technology uses entirely NATURAL modes of water purification which results in clearing well water, tank water and rivers of anaerobic bacteria. By preventing the reproduction of bacteria and parasites, in waterborne diseases, malaria, cholera and dysentery can be eliminated thereby increasing the health levels of rural people. The technology uses geopathic earth currents, life force energy from trees and sunlight. This technology is cost-effective. Once installed it continues to remain effective for many years without much maintenance cost.

The Demonstration technology can be seen at site at Sanjan, India. VIDEO-CD is available on request from medzcong@gmail.com.

This technology can provide clean drinking water for rural and urban populations and has many other uses, including purification and recycling of sewage water and factories water.

Other methods

Dr. N. Sukumaran has discovered a homoeopathic formula for prevention and treatment of Malaria in Mumbai. Dr. Mrs. Shyamala Chandran has successfully based a system of prevention of Malaria on the TASTE of FOOD, and prevention, treatment and cure by change of Food vegetables intake and dietary nutrition. For prevention and treatment of AIDS, APOLONIO LUIS in Goa, India has discovered a herbal source of medicine. This is found in trees growing in the natural forest areas in Goa. The preparation, freshly made and taken daily increases the life force vitality level of the patient, resulting in rapid recovery of the body's immune system. Dr Vinod Marathe in Ahmednagar, Maharashtra, India has developed a system combining Ayurvedic herbal formula and acupuncture.

Topic two: Health Education:

Establishment of an Open International Research University through United Nations/ECOSOC/ WHO/UNESCO /UNICEF

Establishment of such a University open to ALL – persons from all countries, all Governments and all NGO's levels will greatly facilitate the impetus for research and the free flow of research findings at a global level for the universal benefit of humanity.

* Issued without formal editing.

1. Public Health Awareness for Preventive Health Care through TV, Internet, Press and Media, focusing on daily action for the individual's responsibility for maintaining good health.

2. School and College level curriculum for knowledge of Drugless therapies which can be safely practised by every person at home within the family fold.

3. Establishment of norms for a common medical curriculum for holistic health care education at University level which combines an Integrated Approach to Health Knowledge for Holistic health care, including Allopathic, Homoeopathic, Ayurvedic, Herbal, Unani, Nature Cure Yoga Acupuncture, Complementary and Alternative Medicine Methods. The Syllabus can be arrived at by consensus for implementation in all countries to treat the whole individual and not only the disease.

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Statement submitted by American Psychological Association; International Association of Applied Psychology; International Association of Schools of Social Work; International Council of Psychologists; International Federation of Social Workers; International Society for Traumatic Stress Studies; International Union of Psychological Science; Soroptomist International; World Association for Psychosocial Rehabilitation; World Council for Psychotherapy; World Federation for Mental Health; and Zonta International, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

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09-35308 (E) 120609

Please recycle

Statement*

We, the NGO Committee on Mental Health, working under the auspices of the Conference of Non-Governmental Organizations in Consultative Relationship with the United Nations Economic and Social Council (CoNGO), are committed to the promotion of mental health, psychological and societal well-being, the prevention and treatment of mental illness, trauma and emotional distress, and the improvement in the delivery and quality of mental health services through advocacy and education at the United Nations.

Mental health is an integral part of health and a human rights. The importance of maintaining full mental health for all people is recognized by the World Health Organization (WHO) in its Constitution, stating that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The International Covenant on Economic, Social, and Cultural Rights (ICESCR, article 12) obliges member states to respect, promote, and fulfil the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health", through the implementation of domestic mental health law and policy, as well as the provision of technical, administrative and budgetary resources.

We note with deep concern that:

- Mental disorders are a significant contributor to the global burden of disease and account for 12% of disability-adjusted life years (DALYs), which is more than TB (2.2 percent), Malaria (2.2 percent) and HIV/AIDS (3.8 percent) combined.
- Depression alone was the third leading contributor to the global burden of disease (4.3%) in 2004 and is projected to reach first place in 2030. Women represent the population most at risk.
- There is a vast shortage in mental health professionals and services in low- and middle income countries.
- As a result, it is estimated that over 75 percent of individuals with mental health problems in many low income countries have no access to mental health services.

Mental dysfunction and disorders impact on the achievement of the Internationally Agreed Development Goals, including the MDGs:

- Mental illness disrupts essential areas of educational, vocational, family and community functioning.
- The WHO and the World Bank have recognized that mental health problems can significantly impair economic growth, social progress, and human development.
- Mental disorders are risk factors for various human development and public health concerns such as poverty, unemployment, poor educational achievement, social marginalization, violence, suicide, non-compliance with medical regimens, and physical health problems.

* Issued without formal editing.

Yet, mental health is largely missing from the global public health agenda and remains one of the most under-funded areas of health care, especially in low-income countries.

We recommended the following action priorities to be implemented by multilateral agencies, donors, and governments:

- Increase political will and provide economic resources to address mental health problems.
- Develop a policy and legislative infrastructure and strengthen health systems for the delivery of mental health and psychosocial services, with particular attention to women and children.
- Integrate mental health, trauma and psychosocial programming in existing relief and human development efforts.
- Build capacity for addressing mental health and trauma issues by strengthening human resources and training local professionals and paraprofessionals, including social workers. Integrate mental health with existing community healthcare services such as primary care.
- Scale up culturally sensitive, evidence-based, and cost-effective intervention packages for mental disorders as outlined in the WHO Mental Health Gap Action Program.
- Create public-private partnerships to address the shortage of resources such as the availability of psychotropic medications in low-resource settings.
- Include strong assessment, monitoring, and evaluation and research components in all policy and programming efforts, in order to monitor progress and to build the evidence base for best practices.

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Statement submitted by Disabled Peoples International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

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Please recycle

Statement*

Reproductive Health
Background:

Daily, around the world, women with disabilities are denied their fundamental right to reproductive health services and information. Research showing that disabled women are up to three times as likely to experience sexual abuse as are non-disabled women, urgently underscores the need for appropriate reproductive health.[1]

Persons with disabilities are often seen as asexual, unfit or incapable of caring for children. Often they are seen as children themselves and do not receive adequate information and access to reproductive health services. Girls with disabilities are often over-protected by parents who see their daughters as asexual or too disabled to care for children. Women with disabilities are typically 'counselled' not to have children. If they do become pregnant, they have difficulty accessing pre- and post-natal care.

Internationally Agreed Goal:

Women with disabilities, like all persons, are sexual beings. They, therefore, must have access to programs, services and information on reproductive health on an equal basis with others — a goal clearly articulated in Article 25 of the recent United Nations Convention on the Rights of Persons with Disabilities (CRPD), which states:

> States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:
>
> (*a*) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
>
> (*d*) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care.

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* Issued without formal editing.

[1] Groce, N.E. (2006) "People with Disabilities" in "Social Injustice in Public Health" Levy & Sidel (eds.) Oxford University Press.

What must change?

For service delivery this has significant implications. Staff at all levels must be trained to raise awareness of disability and a full range of choice offered to women with disabilities, including, but not limited to:

1. Accessible communication, health services, prevention programmes;
2. Accessible counselling services;
3. Medical centres with specialised services for women and girls with disabilities;
4. Mobile clinics in rural areas;
5. Accessible examination and waiting rooms, diagnostic techniques;
6. Health and reproductive health education including information on functioning of sexual organs, venereal diseases, HIV/AIDS, in accessible formats;
7. Accessible shelters for women with disabilities to escape domestic violence;
8. Assistance during examinations to assure dignity and well being;
9. Education of medical personnel on specific needs of persons with disabilities; and,
10. Research to ameliorate the health situation of persons with disabilities, including gender sensitive statistics.

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Statement submitted by Institute of International Social Development, a non-governmental organization in consultative status with the Economic and Social Council

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* E/2009/100.

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Please recycle

Statement*

Our Institute has conducted programs since its inception to promote public health in every area. It has conducted projects or organized programs. From those experiences we present templates of what can be replicated elsewhere. Some recommendations are also suggested at the end.

1. Monthly free health check up camps.

2. Mass vaccination camps for Hepatitis B conducted from 1998-2001 covering a population of 200,000 including awareness-raising.

3. HIV/AIDS prevention campaigns and condom usage promotion at various red light zones and vulnerable localities.

4. Advocated prevention of child and women trafficking to reduce vulnerability towards HIV/AIDS and other Sexually Transmitted Diseases (STDs) covering a population of 2 million.

5. Walks, rallies and other programs conducted to make people aware of malaria, tuberculosis, HIV/AIDS, and Hepatitis B.

6. Insurance-based healthcare delivery system for making people living below the poverty-line avail of optimum care in case of medical emergencies or even otherwise, without giving a thought to affordability as they are covered by group insurance implemented by the Institute and framed by ICICI Lombard General Insurance Company and funded by the Government of India. This group family insurance covers several million members of the society, especially the skilled handicrafts artisans and other sectors that are exposed to the outside society. The Institute has already covered 10,000 families in its project area.

Suggested recommendations:

1. Funds for outdoor patient department (OPD) and indoor patient department (IPD) for every village or unit of administration in every country.

2. Funds for insurance-centric healthcare delivery system, to ensure accurate database on percentage of successful treatments, trend of pandemics and other infectious diseases amongst the global population.

3. Insurance for HIV/AIDS and other infectious diseases should be introduced to ensure easy availability of treatments by patients especially in the least developed or developing nations instead of the present occurrence of evasion of such treatments due to lack of funds by the patient or lack of medical facilities from the grants available with the authorities.

4. Insurance-centric healthcare system to be promoted so that grants allocated for such services can be utilized at the optimum level and desired benefits can be quantified.

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Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by Family Welfare in Brazil Civil Society, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-35677 (E) 230609

Please recycle

Statement*

BEMFAM is a Brazilian non-governmental organization, dedicated to defend and promote social, socio-environmental, sexual and reproductive, individual and collective rights, contributing to social development and health improvement. Since 1965, it works to increase the access of all people, particularly the poorest ones, marginalized and without assistance, to services in sexual and reproductive health.

BEMFAM understands that health is a right of all and defends the universal and egalitarian access to actions and services for its promotion, protection and recovery. In this context, it seeks to support policies of women health care, designed to foment the implementation of actions that contribute to guarantee human rights of women.

The international health policies setting, particularly in regards to sexual and reproductive health is guided by inequalities. Important changes have been observed in recent decades, mainly in the 1990s, which brought new challenges with the accomplishment of International Conferences organized by the United Nations. Several conferences were consolidating a terminology regarded to sexual and reproductive rights; however, they were not enough to ensure their goals. In the world, women still suffer from discrimination and violence, and are the main victims of exclusionary processes in different levels and spheres.

To meet these challenges, it is important to take actions to strengthen political and financial commitments so that governments can extend the relative advancements achieved. BEMFAM exhorts the Members states of the United Nations to implement the following recommendations:

- Promote gender equality through social services, including education and health services;
- Strengthen integrated policies for the reduction of maternal morbidity;
- Extend universal access to contraceptive methods;
- Ensure universal access to prevention, treatment and care to HIV/AIDS and Tuberculosis;
- Guarantee policies and integrated services designed to attend the needs of adolescents and youth, and
- Create and strengthen permanent spaces of dialogues and joint decision making between governments and civil society.

* Issued without formal editing.